PATENT APPLICATION FEE DETERMINATION RECO

Application or Docket Number 10/5/8279

| CLAIMS AS FILED - PART I | | | | | | | | SMALL ENTITY | | | OTHER THAN | | |
|--|--|---|---|----------------------------------|--|------------------|---------|--------------|------------------------|-------|---------------------|--|--|
| | | | (Column 1) | | (Column 2) | | TYPE | TYPE | | OR | | | |
| U.S. NATIONAL STAGE FEES | | | | | | | R/ | TE | FEE | 1 | RATE | FEE | |
| BASIC FEE | | | SMALL ENT | r. = \$ 150 | LARGE ENT. = \$ 300 | | BASIC | EE | | OR | BASIC FEE | 300 | |
| EXAMINATION FEE | | | Satisties PCT/ (4) = \$50 | | All other situations = \$ 100 / \$ 200 | | EXAM | FEE | - | 1 | EXAM. FEE | 200 | |
| SEARCH FEE | | | U.S. is ISA = ALL other co \$ 200 / 1 | untries = | All other situations = \$ 250 / \$ 500 | | SEARC | H FEE | | | SEARCH FEE | 400 | |
| FEE FOR EXTRA SPEC. PGS. | | | min | us 100 = | /50 = | | X\$1 | 25 = | | 1 | X \$ 250 = | 1 | |
| TOTAL CHARGEABLE CLAIMS | | | 19 mi | inus 20 = | • | | X\$ | 25 = | | OR | X \$ 50 = | | |
| INDI | EPENDENT CL | AIMS | / n | ninus 3 = | • | | X\$1 | 00 = | | OR | X \$ 200 = | | |
| MUL | TIPLE DEPEN | DENT CLAIM PR | ESENT | | [X] | | +\$1 | 80 = | | OR | + \$ 360 = | | |
| • If | the difference | in column 1 is | o, enter "(| enter "0" in column 2 | | | AL. | | OR | TOTAL | 900 | | |
| _1 | CLAIMS AS AMENDED - PART II | | | | | | SM | ALL E | ENTITY | OR | OTHER SMALL E | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | HIGHI NUME PREVIO PAID I | | BER OUSLY | PRESENT EXTRA | RA | re | ADDI- TIONAL FEE | - | RATE | ADDI- TIONAL FEE | |
| | Total | . 9 | Minus | · 6 | 0 | . — | X\$2 | 5 = | | OR | X \$ 50 = | | |
| | Independent | · / | Minus | *** | 3_ | . | X\$1 | = 00 | | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | +\$1 | 30 = | | OR | + \$ 360 = | | |
| | | | | | | | TOTAL / | | | OR | TOTAL ADDIT. FEE | | |
| | | (Column 1) | | (Colun | | (Column 3) | | | | | | | |
| | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUME PREVIO PAID I | BER | PRESENT EXTRA | RAT | E | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | • . | Minus | ** | | - | X\$2 | 5 = | | OR | X \$ 50 = | • | |
| | Independent | • | Minus | *** | | _ | X \$ 10 |)O = | | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CL | | | | MIAJ | | +\$18 | 0 = | | OR | ÷ \$ 360 = | | |
| | | | | | | • | TOTAL A | | | OR | TOTAL ADDIT. FEE | | |
| | | | | • | | | | | | | | 7 | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20", *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1 | | | | | | | | | | | | | |